

2003 Report of Consumer Survey of Health Plans

In the Fall of 2002, the Managed Risk Medical Insurance Board (MRMIB), through a contract with an independent vendor (Datastat, Inc.), conducted the third annual consumer survey for the Healthy Families Program (HFP). The survey was conducted to assess the satisfaction and experience families were having with participating health plans and to provide existing and potential HFP applicants with information about their health plan options. This report summarizes the results from the survey.

SURVEY METHODOLOGY

The survey was conducted using the Child Medicaid version of the Consumer Assessment of Health Plan Survey (CAHPS®) 2.0H instrument which contains 72 questions pertaining to nine aspects of care. The aspects of care that were covered in the survey include access to care, customer service, communication of providers, and quality and satisfaction of health plan services and health care received. The responses to the survey questions were summarized into four global ratings and five composite scores. The global ratings included ratings of health care, health plan, regular doctor or nurse, and specialist. The composite scores addressed getting needed care, getting care quickly, how well doctors communicate, helpfulness and courteousness of doctor's office staff and customer service.

The survey was conducted in five languages--English, Spanish, and three Asian languages, Vietnamese, Korean and Chinese. (See endnote.)

THE SURVEY SAMPLE

A random sample of families was selected according to NCQA (National Committee for

Quality Assurance) protocols for conducting the survey. Families with children ages 12 years and

younger, who had been continuously enrolled in the plan for at least six months as of June 30, 2002 were selected from each participating health plan. Twenty-six health plans were included in the survey. The target sample size for health plans was 1,050. Nineteen plans had sufficient HFP enrollment to provide the target sample. For the seven plans that did not have sufficient enrollment, all subscribers who met the criteria were surveyed. Table 1 shows the number of families who were selected for the survey for each participating health plan.

Table 1 – Families Surveyed From Each Health Plan

Health Plan	Number of families surveyed
Alameda Alliance for Health	1,050
Blue Cross – EPO	1,050
Blue Cross – HMO	1,050
Blue Shield – EPO	524
Blue Shield – HMO	1,050
CalOptima	1,050
Care 1st Health Plan	1,050
Central Coast Alliance for Health	505
Community Health Group	1,050
Community Health Plan	1,050
Contra Costa Health Plan	692
Health Net	1,050
Health Plan of San Joaquin	1,050
Health Plan of San Mateo	469
Inland Empire Health Plan	1,050
Kaiser Permanente	1,050
Kern Family Health Care	1,050
LA Care Health Plan	1,050
Molina	1,050
San Francisco Health Plan	1,050
Santa Barbara Regional Health Authority	513
Santa Clara Family Health Plan	1,050
Sharp Health Plan	1,050
UHP Healthcare	612

Universal Care	1,050
Ventura County Health Plan	1,039
Total Program	24,304

Families selected for the survey received the survey in English, and either Spanish, Chinese, Korean or Vietnamese if one of these languages was designated as the primary language on the families' HFP application. Table 2 outlines the distribution of the survey instruments mailed in each language for each health plan.

Table 2 – Distribution of Surveys in Each Language Group by Health Plan

Health Plan	Total	E	S	C	K	V
Alameda Alliance	1,050	356	448	202	11	33
Blue Cross - EPO	1,050	614	419	9	6	2
Blue Cross - HMO	1,050	464	446	73	53	14
Blue Shield - EPO	524	414	101	5	1	3
Blue Shield - HMO	1,050	600	309	65	60	16
CalOptima	1,050	170	728	5	33	114
Care 1st Health Plan	1,050	267	770	6	6	1
Central Coast Alliance for Hlth.	505	132	368	3	2	0
Community Health Group	1,050	293	740	3	1	13
Community Health Plan	1,050	246	733	55	4	12
Contra Costa Health Plan	692	196	490	2	2	2
Health Net	1,050	526	441	61	7	15
Health Plan of San Joaquin	1,050	498	534	13	0	5
Health Plan of San Mateo	469	118	347	3	1	0
Inland Empire Health Plan	1,050	407	636	0	1	6
Kaiser Permanente	1,050	612	407	20	4	7
Kern Family Health Care	1,050	466	578	0	3	3
LA Care Health Plan	1,050	240	768	32	8	2
Molina	1,050	291	758	0	1	0
San Francisco Health Plan	1,050	213	199	635	1	2
Santa Barbara Regional Health Auth.	513	146	367	0	0	0
Santa Clara Family Health Plan	1,050	223	642	17	1	167
Sharp Health Plan	1,050	534	491	9	2	14
UHP Healthcare	612	208	329	27	42	6
Universal Care	1,050	235	796	1	1	17
Ventura County	1,039	227	811	0	0	1

Health Plan						
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*E= English S=Spanish C=Chinese
K=Korean V=Vietnamese*

THE SURVEY PROCESS

The survey was conducted using the Medicaid CAHPS® 2.0H survey protocol. Datastat conducted the survey over an 8-week period using a mixed-mode (telephone and mail) five-step protocol between the months of September and December 2002. The five-step protocol consisted of a pre-notification mailing and initial survey mailing, a reminder postcard to all respondents and a second survey mailing and second reminder postcard to non-respondents. Telephone follow-up was conducted for non-respondents in English and Spanish only. (The protocol for conducting the telephone follow-up in the Asian languages was not available for this survey.) The timeline for the survey is presented in Table 3.

Table 3 – Survey Timeline

Pre-notification letter mailed	September 17, 2002
First questionnaire with cover letter mailed	September 23, 2002
Reminder postcard to non-respondents mailed	September 30, 2002
Second questionnaire and letter mailed to non-respondents	October 21, 2002
Second reminder postcard mailed to non-respondents	October 28, 2002
Telephone follow-up is conducted for non-respondents	November 4, 2002
Survey ends	December 2, 2002

The pre-notification and follow-up correspondences were developed based on recommended samples from the CAHPS® 2.0H protocol.

SURVEY RESULTS

Response Rates

The response rate for the 2002 survey (65.1%) was slightly higher than the response rate for the 2001 survey (62.4%) and represents the highest response rate to date. The response rates were calculated by eliminating those who did not meet the requirements for the survey. The number of usable surveys included only those surveys that

were completed according to CAHPS® 2.0H protocol for conducting the survey. For this survey, 1,395 surveys were eliminated from the 24,304 surveys mailed, resulting in a net usable 22,909 surveys. Of these surveys, a total of 14,920 surveys were returned. Table 4 shows the response rates for each participating health plan.

Table 4 -- Response Rates for Each Health Plan

Health Plan	Number of families surveyed	Number of Usable Surveys	Number of usable responses	Response Rate
Alameda Alliance for Health	1,050	990	632	63.8%
Blue Cross EPO	1,050	1,005	716	71.2%
Blue Cross HMO	1,050	982	659	67.1%
Blue Shield EPO	524	481	288	59.9%
Blue Shield HMO	1,050	986	628	63.7%
CalOPTIMA	1,050	987	644	65.2%
Care 1st Health Plan	1,050	987	623	63.1%
Central Coast Alliance for Health	505	475	326	68.6%
Community Health Group	1,050	994	679	68.3%
Community Health Plan	1,050	950	589	62.0%
Contra Costa Health Plan	692	661	437	66.1%
Health Net	1,050	998	662	66.3%
Health Plan of San Joaquin	1,050	994	657	66.1%
Health Plan of San Mateo	469	435	278	63.9%
Inland Empire Health Plan	1,050	986	655	66.4%
Kaiser Permanente	1,050	1,004	666	66.3%
Kern Family Health Plan	1,050	983	620	63.1%
L.A. Care Health Plan	1,050	996	647	65.0%

Molina	1,050	1,002	633	63.2%
San Francisco Health Plan	1,050	987	537	54.4%
Santa Barbara Regional Health Auth.	513	474	364	76.8%

Health Plan	Number of families surveyed	Number of Usable Surveys	Number of usable responses	Response Rate
Santa Clara Family Health Plan	1,050	991	619	62.5%
Sharp Health Plan	1,050	999	654	65.5%
UHP Healthcare	612	577	365	63.3%
Universal Care	1,050	995	629	63.2%
Ventura County Health Plan	1,039	990	713	72.0%
Total	24,304	22,909	14,920	65.1%

Summary of Responses

The responses to the survey were summarized into four rating and five composite questions. Where responses indicate a positive experience (as defined separately below for rating and composite scores) they are characterized as an “achievement score”. Charts displaying the survey results by health plan are presented beginning on page 6 of this report.

Rating Questions Responses: For the four rating questions, a 10-point scale was used to assess overall experience with health plans, providers, specialists and health care. NCQA has recommended two ways to present survey results. The charts on pages 6 through 9 present the plan scores in both ways. The solid bar shows the percent of families rating the overall experience with health plans, personal providers, specialists and health care an 8, 9 or 10. The hollow bars show the percentage of families rating the overall experience with health plans, primary providers, specialists and health care a 9 or 10. While both types of achievement scores are presented in the charts on pages 6 through 9, the narrative refers only to scores based on 8, 9, and 10 ratings allowing

comparisons between scores from the 2002 and 2001 surveys.

Individual plan scores for the 2002 survey are compared with the overall program score in 2002 and 2001 and a *benchmark*. This benchmark is based on the highest score achieved by a participating health plan with a minimum of 75 responses.

★ The results of the survey indicated that at least 80 percent of families rated their health care, health plan, personal doctor (or nurse) and specialist an 8, 9 or 10. The highest score achieved for the program was in the rating of health plan at 87 percent. The lowest rating score for the program was approximately 80 percent for the rating of the specialist. Of the scores achieved by individual plans, 92 percent was the highest score achieved for overall rating of a health plan. The lowest score obtained was 71 percent for the overall rating of personal doctor or nurse.

★ The percentage of families rating their health plan an 8, 9 or 10 **increased** from 2001 to 2002 from 85 percent to 87 percent, respectively. Other year to year differences were not significantly different.

Composite Score Results: For the composite scores, the composite question is grouped with other questions that relate to the same broad domain of performance. For example, “*Getting Care Quickly*” includes questions about getting advice by phone, about how soon appointments were scheduled, and about time spent waiting in the doctor’s office. The achievement score for these questions is determined by the percentage of families who respond positively to each question. A response is considered positive if the answers are “not a problem” for the questions comprising the *Getting Needed Care* and *Customer Service* composites, and “usually” and “always” for the *Getting Care Quickly*, *How Well Doctors Communicate*, and *Courteous and Helpful Office Staff* composites.

The survey questions that make up the composite cores are listed below.

Getting Needed Care

- Able to get a personal doctor or nurse for child you are happy with
- Able to get a referral to a specialist for child
- Able to get the care for child believed necessary
- No problems with delays in child’s health care while awaiting approval

Getting Care Quickly

- Usually or always got help of advice needed of child
- Child usually or always got an appointment for routine care as soon as wanted
- Child usually or always got needed care for an illness/injury as soon as wanted
- Child never or sometimes waited more than 15 minutes in the doctor’s office or clinic

How Well Doctor’s Communicate

- Doctors usually or always listened carefully
- Doctors usually or always explained things in an understandable way
- Doctors usually or always showed respect
- Doctors usually or always spent enough time with child

Courteous and Helpful Office Staff

- Usually or always treated with courtesy and respect by office staff
- Office staff usually or always helpful

Customer Service

- Able to find or understand information in written materials
- Able to get help needed when you called child’s health plan’s customer service

★ For most of the composite ratings, at least 80 percent of families responded positively. The composite rating with the highest percentage of families responding positively was for *How Well Doctor’s Communicate* questions, at approximately 88 percent. The composite rating with the lowest percentage of families responding positively was *Getting Care Quickly* at approximately 70 percent.

A comparison of composite scores from the 2001 and 2002 survey did not yield any significant differences.

With respect to individual health plan scores, the highest composite score achieved was at 94 percent and was for the *How Well Doctor's Communicate and Courteous and Helpful Staff* composites. The lowest score achieved by a health plan was approximately 63 percent for the *Getting Care Quickly* composite.

SURVEY RESULTS FOR PARTICIPATING HEALTH PLANS

The results for each participating health plan is presented in the charts beginning on the next page. Plans that have achievement scores significantly higher or lower than the program score are indicated by a "+" or "-" next to their scores.

Based on an oversampling of families who received the survey in Chinese, Vietnamese and Korean in 2000, it appears that families responding in these languages rate the various factors less favorably than families responding in English and Spanish. This difference in responses among language groups may affect the scores of participating health plans with a large number of subscribers whose primary language is one of the Asian languages.

CONCLUSION

Families continue to have positive experiences with their health care their children receive in HFP. 81% give high ratings to health care received from HFP. Additionally, response rates for the consumer survey of health plans continue to be high. This suggests that parents and caregivers of children enrolled in the HFP are very interested in the care their children receive in the program. All scores increased from 2001 to 2002, although these increases were not large enough to be considered statistically significant.

Comparative consumer survey data for programs like Healthy Families (or State Child

Health Insurance Programs) do not appear to be available. However, data on children's health coverage from the National CAHPS® Benchmarking Database Project show that results received for the HFP were not substantially different from results presented in the 2002 CAHPS® Benchmarking Database report for Medicaid and commercial plans. With respect to results from the rating questions, HFP had a higher result for rating of health plan (72 percent versus 51 and 57 percent for commercial and Medicaid programs respectively). For the ratings of health care, personal doctor or nurse and specialists, results for the HFP were similar to that of the commercial and Medicaid programs. The above ratings are based on the percentage of families rating plans either a 9 and 10 on a scale of 0 to 10.

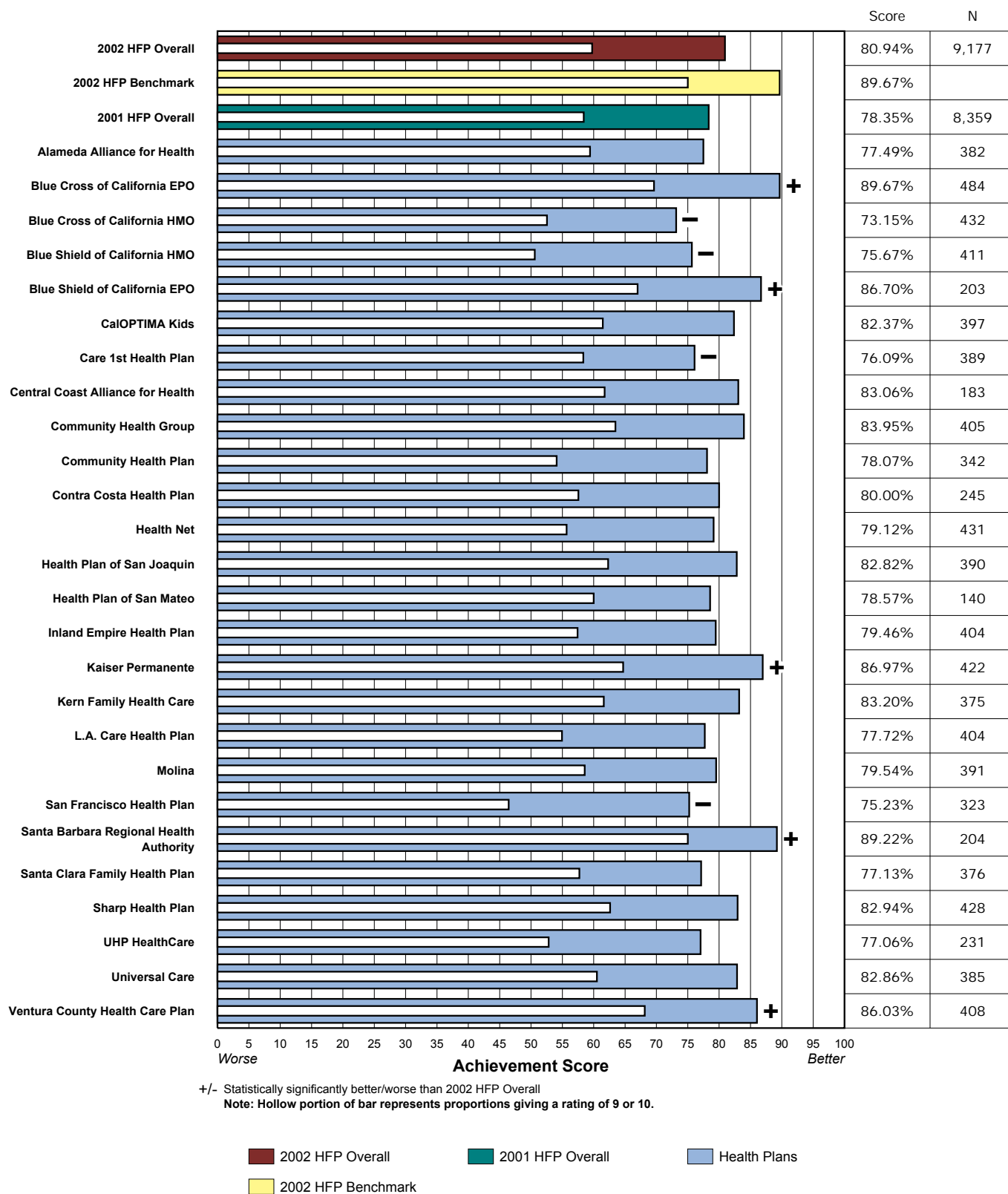
With respect to the composite questions, HFP results were higher for *Customer Service* (83 percent, versus 70 and 67 percent for commercial and Medicaid respectively). HFP results were lower for *Getting Care Quickly* (70 versus 86 and 83 percent for commercial and Medicaid). For the remaining three composites (*Getting Needed Care*, *How Well Doctor's Communicate*, and *Courteous and Helpful Office Staff*) HFP results were in the range of scores seen for commercial and Medicaid programs.

The data obtained from this survey provides plans and MRMIB with an opportunity to uncover areas of success and areas needing improvement. MRMIB has begun developing a framework for addressing plan performance using clinical quality data (e.g., HEDIS), which when completed, will be adapted for consumer survey results. At present, health plans are provided with detailed information about their results which they have used to initiate changes in the delivery of services.

One area that MRMIB continues to explore is the differences in survey responses among the five language groups. RAND has received results from previous HFP health surveys for analysis. The completion of RAND's analysis is expected by the end of the year.

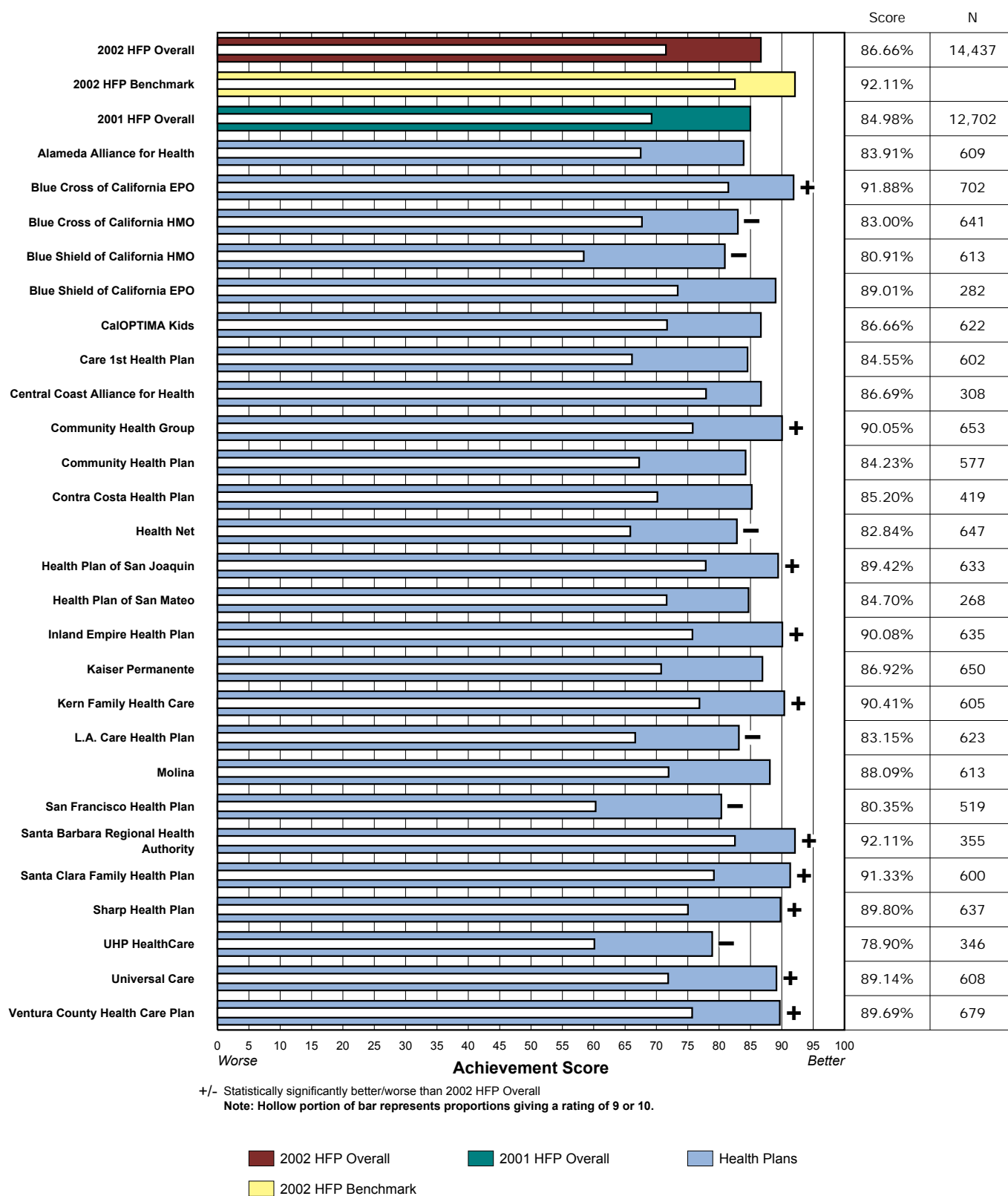
Overall Ratings

Q36. Overall rating of health care



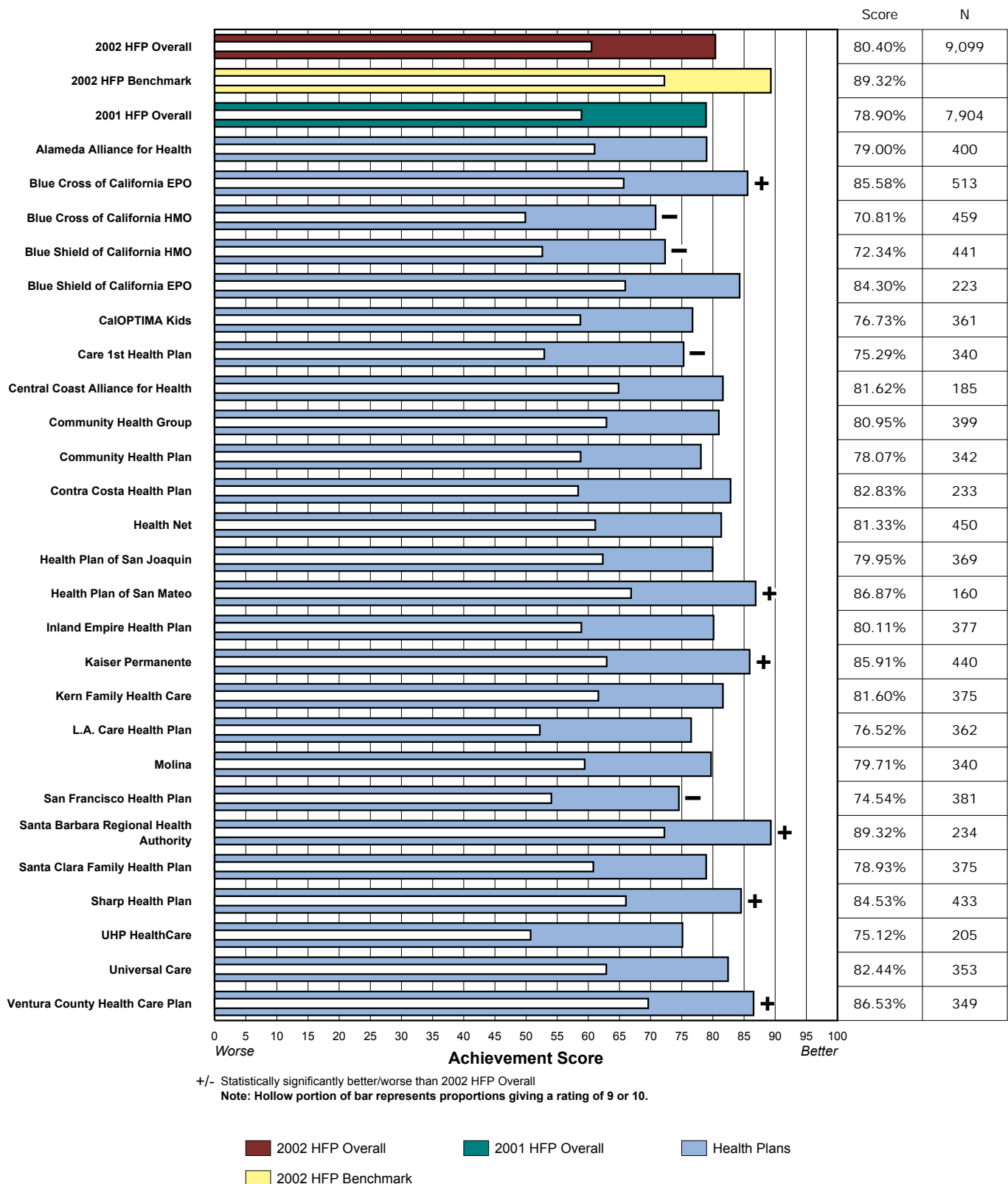
Overall Ratings

Q60. Overall rating of health plan



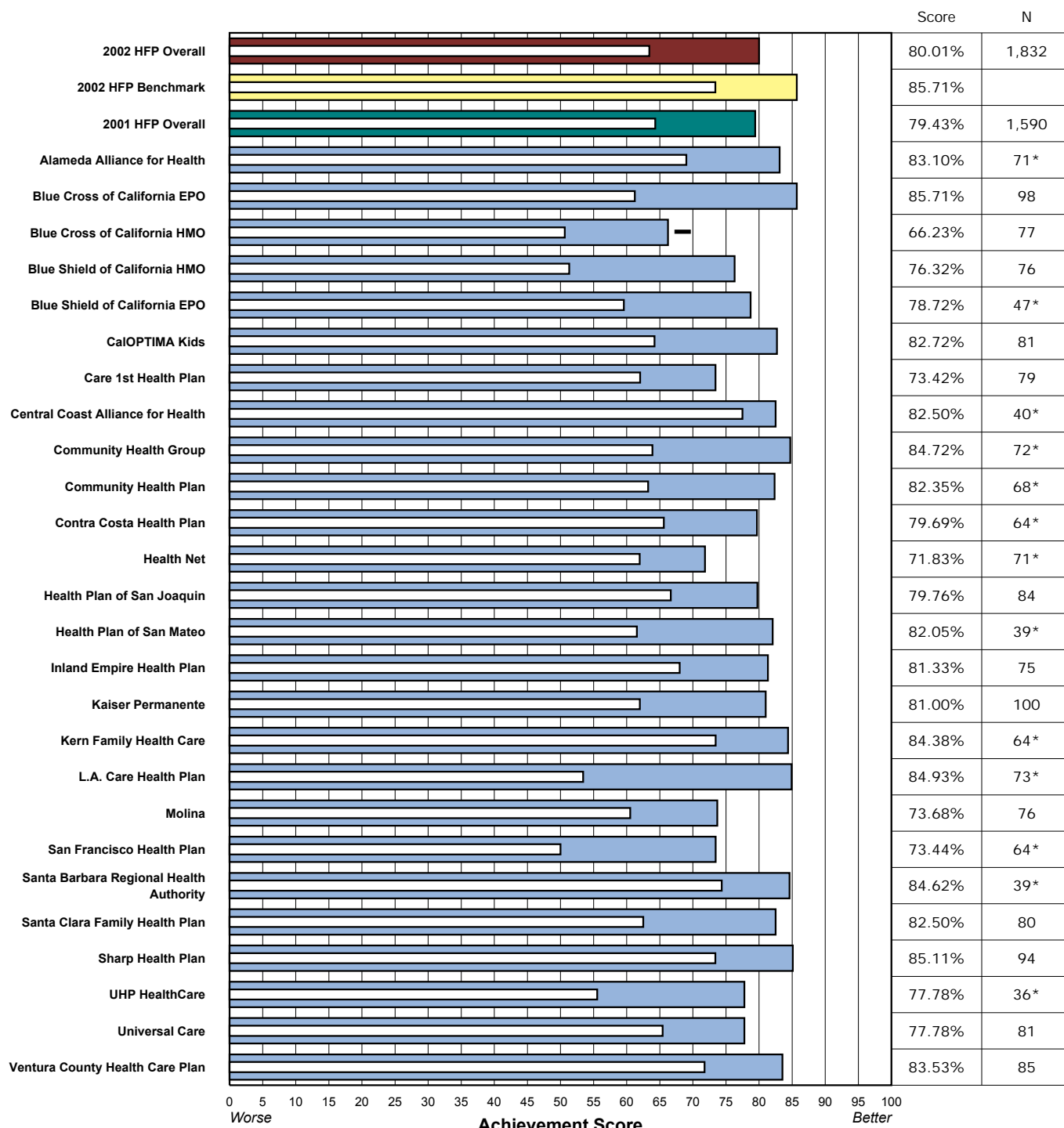
Overall Ratings

Q7. Overall rating of personal doctor or nurse



Overall Ratings

Q11. Overall rating of specialist



+/- Statistically significantly better/worse than 2002 HFP Overall

* Scores based on observations of less than 75 should be viewed with caution.

Note: Hollow portion of bar represents proportions giving a rating of 9 or 10.

2002 HFP Overall

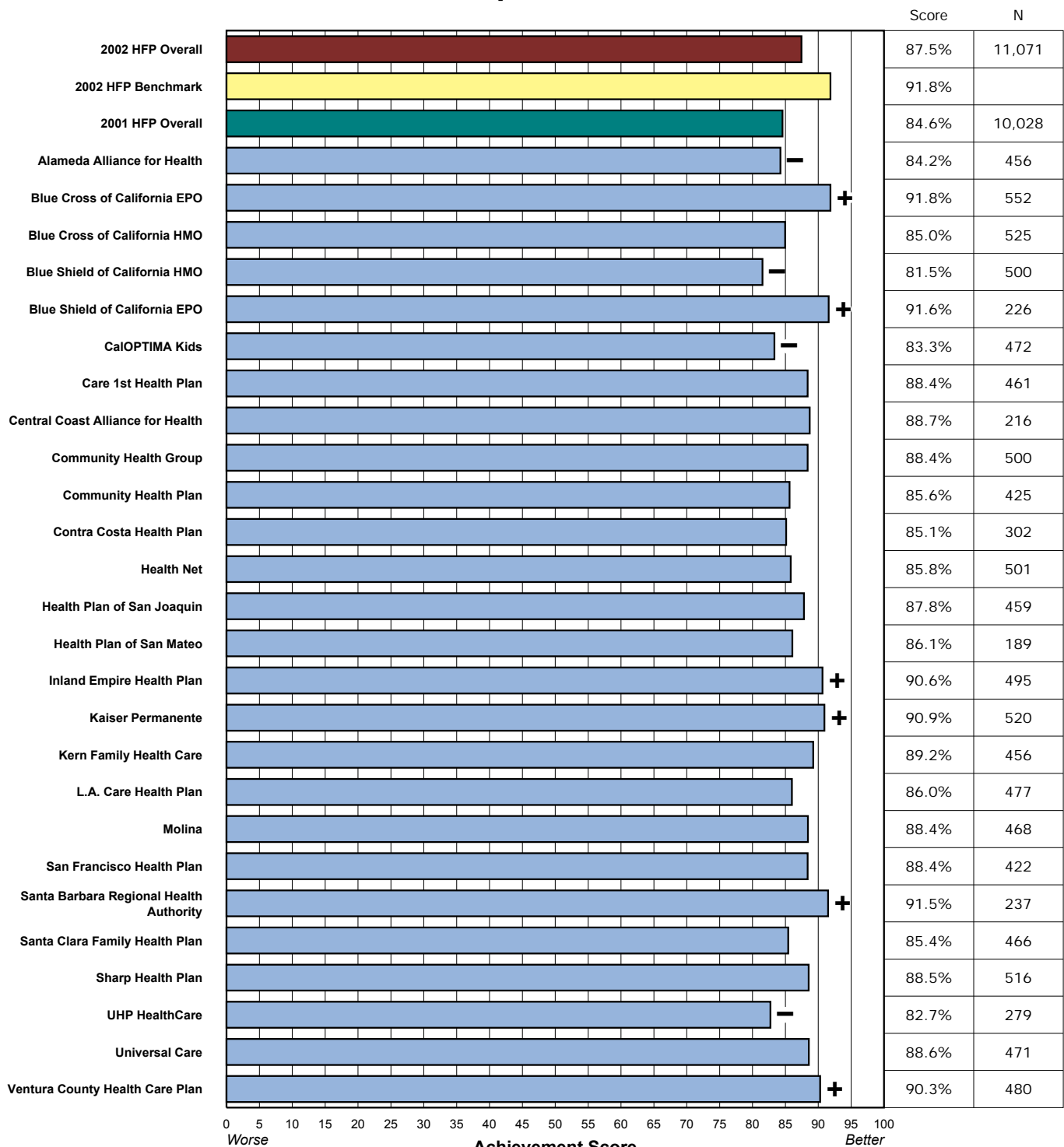
2001 HFP Overall

Health Plans

2002 HFP Benchmark

Getting Needed Care

Composite Score



2002 HFP Overall

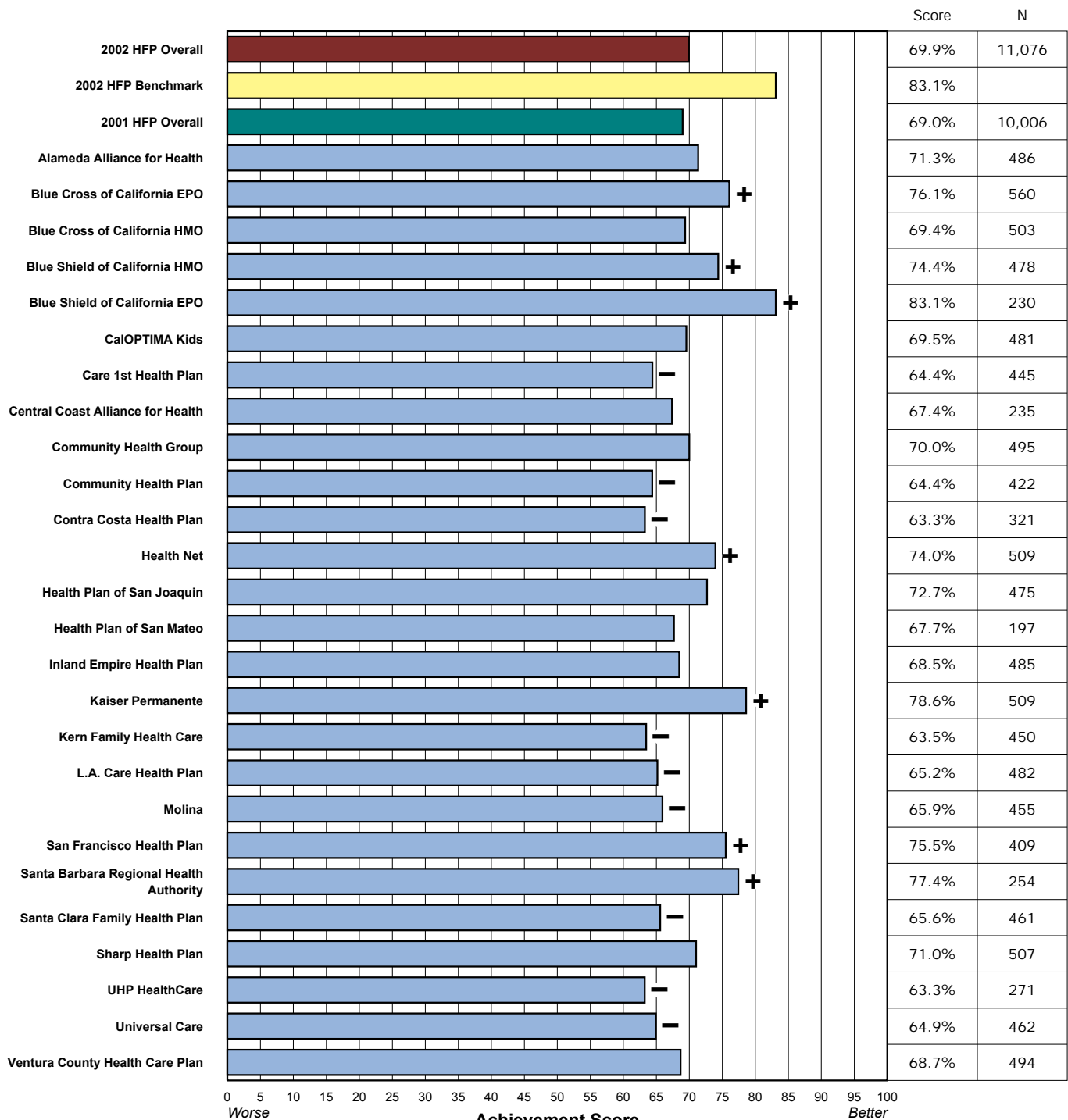
2001 HFP Overall

Health Plans

2002 HFP Benchmark

Getting Care Quickly

Composite Score



2002 HFP Overall

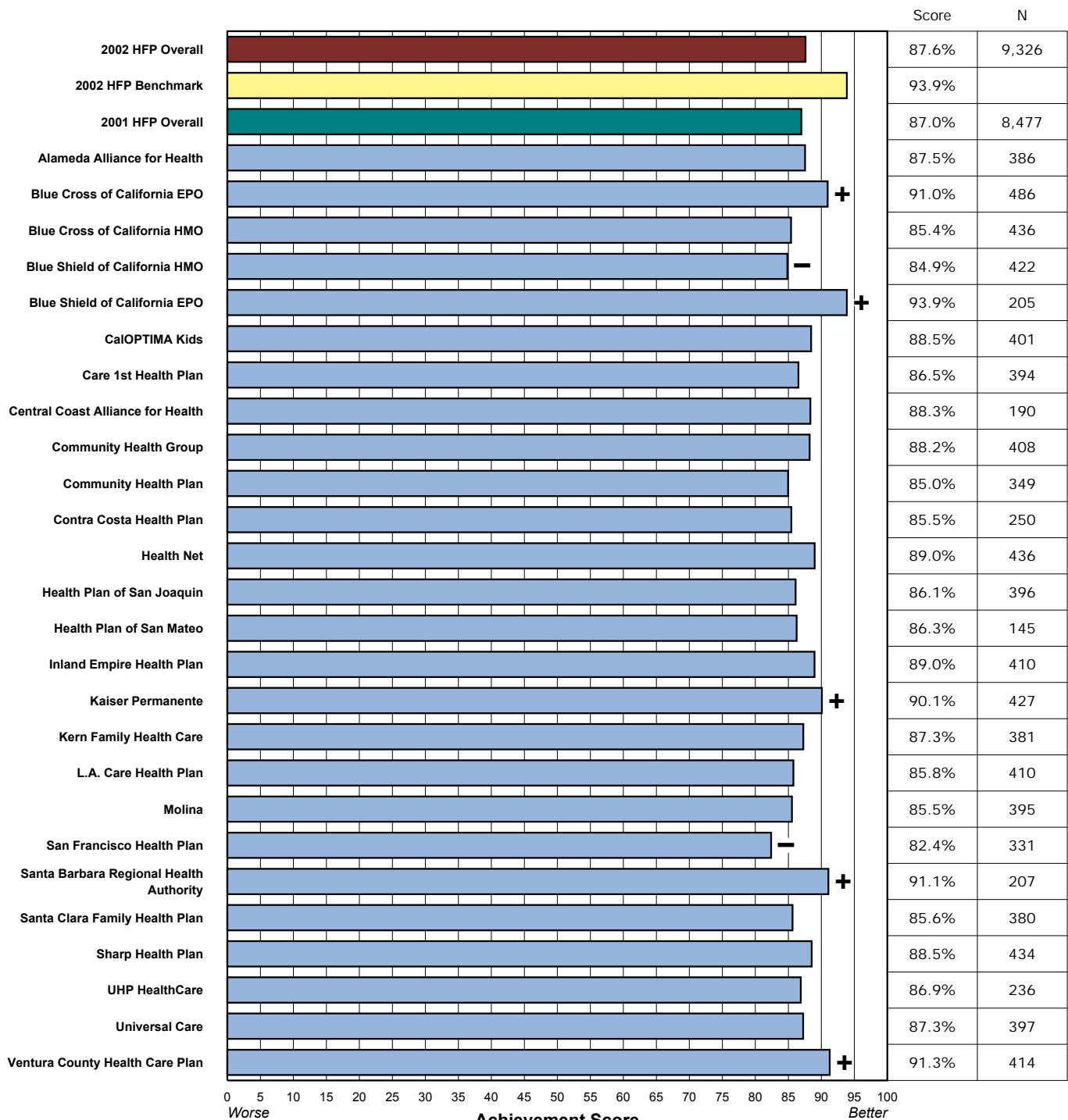
2001 HFP Overall

Health Plans

2002 HFP Benchmark

How Well Doctors Communicate

Composite Score



2002 HFP Overall

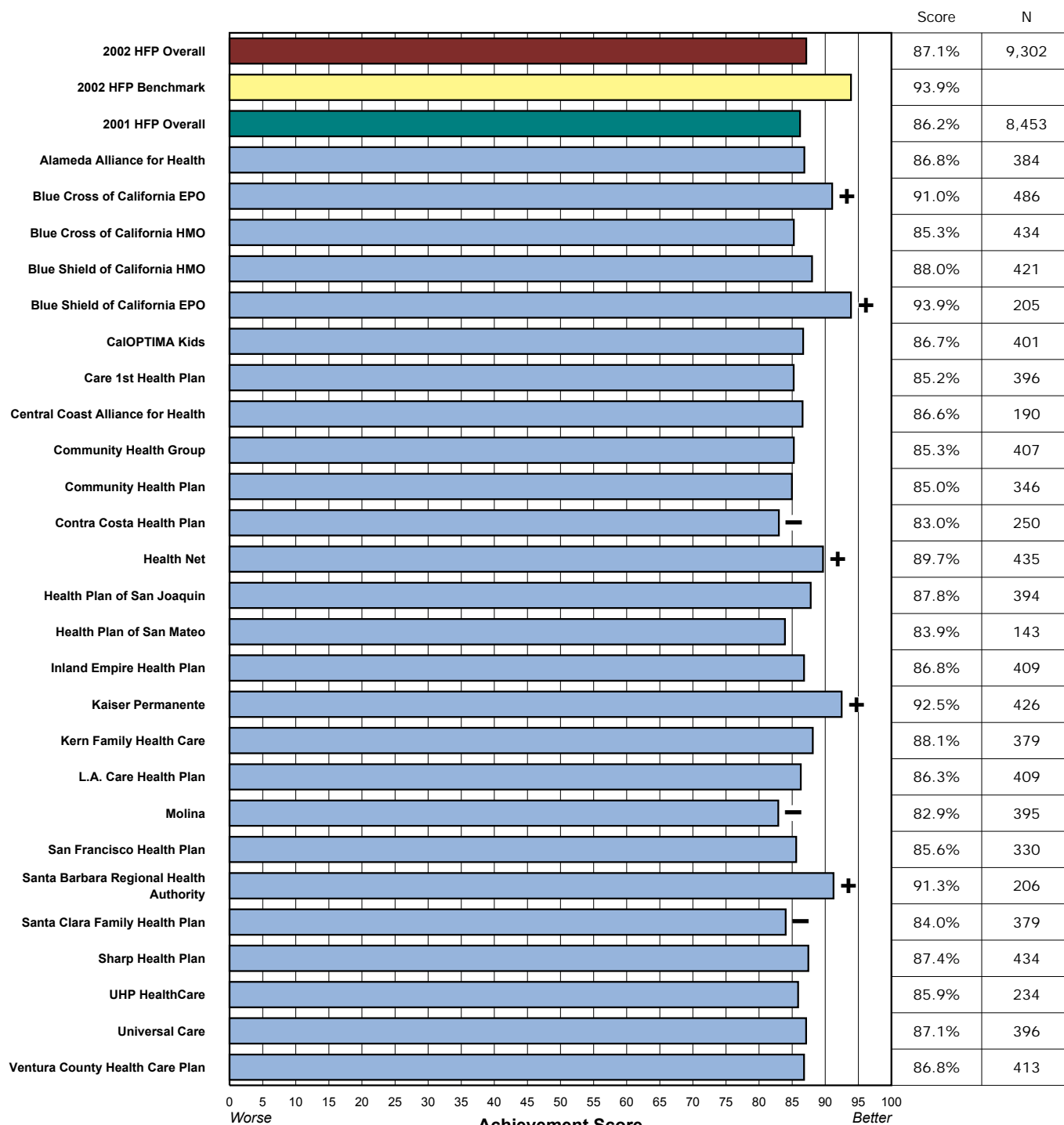
2001 HFP Overall

Health Plans

2002 HFP Benchmark

Courteous and Helpful Office Staff

Composite Score



2002 HFP Overall

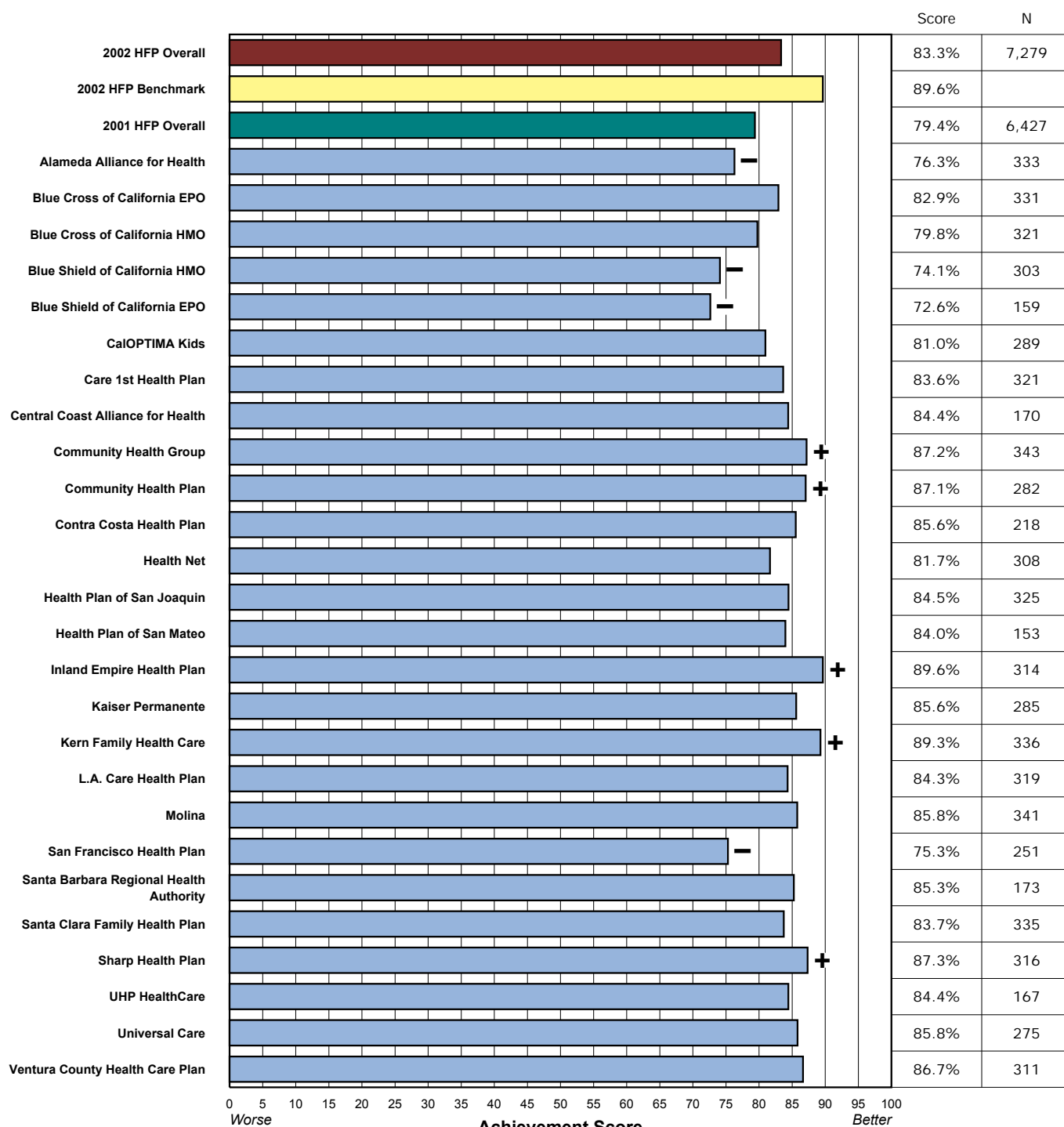
2001 HFP Overall

Health Plans

2002 HFP Benchmark

Customer Service

Composite Score



2002 HFP Overall

2001 HFP Overall

Health Plans

2002 HFP Benchmark